

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (P-2)

CERTIFICATE OF DEATH

Reg. Diat. No. 64

12070

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Near Chestnut Grove
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Chestnut Grove
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Raymond J. Andrew

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Elizabeth AndrewB. (c) If alive, give age 47 years7. Birth date of deceased (mo., day, yr.) September 9, 1898

8. AGE: Years 47 Months 3 Days 3 If less than one day
hrs.min.

9. Birthplace Caroline County, Maryland
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Farm12. Name William J. Andrew13. Birthplace Caroline County, Maryland14. Maiden name Larsh Ellen Baker15. Birthplace Caroline County, Maryland16. Informant Mrs. Elizabeth AndrewAddress Federalburg, Maryland R. 7. D.17. Burial Date thereof December 15, 1945
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Hill Crest CemeteryLocation Federalburg, Maryland18. Funeral director J. J. Frampton and SonAddress Federalburg, Maryland19. December 15, 1945 J. J. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12, 1945 at 8:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 2, 1942 to Dec 2, 1945and that I last saw him alive on Dec 2, 1945Immediate cause of death Coronary occlusionDURATION few minutes

Due to

Due to

Other conditions chronic myocarditiswith cardiac hypertrophy

(Include pregnancy within 3 months of death)

4 years

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Paul Smith M.D.Address Benton Md Date signed 12/14/45

RECEIVED
DEC 26 1945
BUREAU

Evidence for change of
age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-2

CERTIFICATE OF DEATH

12071

Reg. Dist. No. 66

FILM No. 100 JAN 11 1946

1. PLACE OF DEATH:

County Caroline

City or town Ridgely Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 41 years

Hospital, institution, or street address where death occurred

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Caroline

City or town Ridgely Md Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Sister Mary Magdalene Arnold

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) Sept. 28, 1854

8. AGE:

Years

91

Months

40

Days

3

If less than one day

hrs.

min.

9. Birthplace

Germany
(Town, county, and state)

10. Usual occupation

Retired Sister

11. Industry or business

FATHER
MOTHER

12. Name

Christoph Arnold

13. Birthplace

Germany

14. Maiden name

Mary Ann Kleber

15. Birthplace

Germany

16. Informant

Mother Hiedagard

Address

The Plains Ridgely Md.

17.

(Burial, cremation, or removal, which?)

Date thereof

12/29/45
(month) (day) (year)

Cemetery or crematory

The Plains

Location

Ridgely Md.

19. Funeral director

Raymond B. Rawlings

Address

Newburg Md.

19.

Dec 28 1945

J. D. Davis
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 19 45, at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 21 19 35, to Dec 27 19 45, and that I last saw him alive on Dec 23 19 45

Immediate cause of death

Cerebral Hemorrhage

DURATION

5 days

Due to

Due to

Other conditions

arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. Paul Korth Dr. D.

M. D. or other

Address

Denton Md

Date signed

12/28/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

MASSACHUSETTS DEPARTMENT OF HEALTH

MASSACHUSETTS DEPARTMENT OF HEALTH

RECEIVED
DEC 29 1945
BUREAU V.M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (882)

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 months
 Hospital, institution, or street address where death occurred:
Denton Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits write RURAL and give nearest town)
 Street No. Denton Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Lillie J. Blanche

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

B. (b) Name of husband or wife

John Blanche

B. (c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.)

April 25, 1878

8. AGE:

Years

67

Months

7

Days

17

If less than one day

hrs.

min.

9. Birthplace

Sussex County, Delaware
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

FATHER

12. Name

Jonathan Hill

13. Birthplace

Sussex County, Delaware

14. Maiden name

Sarah Byrdsley

15. Birthplace

Sussex County, Delaware

16. Informant

Mrs. Lewis A. Hastings

Address

Seaford, Delaware, R.F.D.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

December 27, 1945
(month) (day) (year)

Cemetery or crematory

Union Grove Cemetery

Location

Near Preston, Maryland

18. Funeral director

J. F. Frampton and Son

Address

Federalburg, MarylandDecember 28, 1945
(Date rec'd by registrar)J. F. Frampton
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14, 1945, at 6 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/14 to Dec 14, 1945 and that I last saw him alive on Dec 14, 1945

Immediate cause of death

Cerebral Hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank M. Anderson M.D.
M. D. or other
Address Federalburg Md Date signed 12/24/45

RECEIVED
DEC 27 1945
BUREAU V. R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

12673

Reg. Diat. No. 62

1. PLACE OF DEATH:

County Cara LineCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

F

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

widow

6. (b) Name of husband or wife Ammaia Blough, 1907

7. Birth date of

deceased (mo., day, yr.)

Feb. 21st 1871

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

74

9

9

hrs.

min.

9. Birthplace

Bethlehem Penn.

(Town, county, and state)

10. Usual occupation

at home

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

45

M.D. Jones
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Dec. 21st 1945 at 4:30 p.m.

I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 16 1944 to Dec 21 1945

and that I last saw him alive on November 29 1945

Immediate cause of death

adrenomedullary carcinoma
metastatic
Cancer of breast

DURATION

one year

Due to

3 years

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

carcinoma of breast
Date of op. Feb. 1943

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. Paul Thotto M.D.

M. D. or other

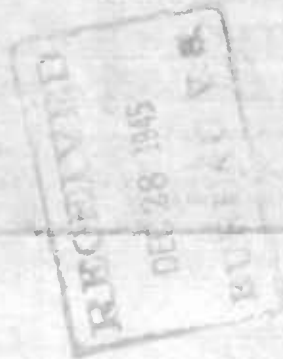
Address

Denton Md.

Date signed 12/23/45

RECEIVED U.S. DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 482

CERTIFICATE OF DEATH

Reg. Dist. No. 63

12074

1. PLACE OF DEATH:

County Caroline
 City or town Grove
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 13 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Caroline
 City or town Grove
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Bertha E. Collins

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

W. E. Collins

7. Birth date of

deceased (mo., day, yr.)

June 8, 1883

6. (c) If alive, give age _____ years

8. AGE:

Years

62

Months

6

Days

16

If less than one day

hrs.

min.

9. Birthplace

Choptank, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER
MOTHER

12. Name

Chas. Perry

13. Birthplace

Maryland

14. Maiden name

Sarah Essler

15. Birthplace

Maryland

16. Informant

W. E. Collins

Address

Preston, Md.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

Dec 27th 45

(month) (day) (year)

Cemetery or crematory

Grove

Location

Grove

18. Funeral director

W. H. Hollis & Son

Address

Preston, Md

19.

Dec. 2719 45C. D. Plummet

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 19 45 at 12 noon M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 20 19 45 to Dec 24 19 45and that I last saw him alive on December 24 19 45Immediate cause of death Carcinoma ofbreast withmetastasis

DURATION

6 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Carcinoma of breast Date of op. Dec 22, 45

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

Frank J. G. Deran M. D. or otherAddress Federalburg, Md Date signed 12/26/45

RECEIVED

JAN 4 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95d)

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County CarolineCity or town Penton Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Near Gaines

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Penton Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Gaines
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Albert Cook

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Rosie Cook7. Birth date of deceased (mo., day, yr.) October 8, 18666. (c) If alive, give age - years8. AGE: Years 79 Months 2 Days 18
If less than one day
.....hrs.min.9. Birthplace Caroline County, Maryland
(Town, county, and state)10. Usual occupation Day laborer11. Industry or business Farm12. Name William Cook13. Birthplace Caroline County, Maryland14. Maiden name No data available

15. Birthplace

16. Informant Lawrence CookAddress Penton, Maryland, R.F.D.11. Burial Date thereof December 29, 1945
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Road Chapel CemeteryLocation Near Federalburg, Maryland18. Funeral director A. J. Frampton and SonAddress Federalburg, Maryland19. December 29, 1945 J. J. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26 1945 at 5:30 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 26 1945 to Dec 26 1945
and that I last saw him alive on Dec. 26 1945Immediate cause of death Cerebral hemorrhage DURATION 1 dayHypertension ?Due to Chronic myocarditis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. L. Small M. D. or otherAddress Penton Md Date signed 12/29/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 10 1946
BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1317

CERTIFICATE OF DEATH

12076

Reg. Dist. No. 41

1. PLACE OF DEATH:

County Caroline
City or town Greensboro
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Ind. County Caroline
City or town Greensboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. (If rural give LOCATION)
2(a) If VETERAN, NAME WAR

3. (a) FULL NAME

Frank Cooper

3. (b) Social Security Number

4. Sex m 5. Color or race W. 6. Single, married, widowed, or divorced married

6 (b) Name of husband or wife Myrtle Ford Cooper

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 12th 1882

8. AGE: Years 63 Months 7 Days 21 If less than one day hrs. min.

9. Birthplace Delaware
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name George F. Cooper

13. Birthplace Ind.

MOTHER 14. Maiden name Leda Greenwell

15. Birthplace Del.

16. Informant Mrs. Myrtle Cooper Wife

Address Greensboro Ind.

17. Buried Date thereof 12-12-45

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greensboro

Location Greensboro Ind.

18. Funeral director J. Virgil Morrow & Son

Address Denton Ind.

19. Dec 12 1945 Registrar L. M. Pepper

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9th 1945, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1945 to Dec 8 1945, and that I last saw him alive on December 8 1945.

Immediate cause of death Chronic Myocarditis DURATION 1 Wk

Due to Chronic Myocarditis (?)

Due to Chronic Myocarditis (?)

Other conditions Chronic Myocarditis (?)

(Include pregnancy within 3 months of death)

Major findings: 01 operations

01 autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles F. Morrow M. D. on certificate

Address Denton Ind. Date signed 12-12-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 17 1945
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 18 years
 Hospital, institution, or street address where death occurred:
Academy Avenue
 How long in hospital or institution? 1

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Academy Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME

Anna M. England

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

E. Gatchall England

6. (c) If alive, give age

years

7. Birth date of deceased (mo., day, yr.)

April 7, 1849

8. AGE:

Years

Months

Days

If less than one day

96815

hrs.

min.

9. Birthplace

Calvert, Cecil County, Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

HomeFATHER
MOTHER

12. Name

Cloud Pierson

13. Birthplace

Cecil County, Maryland

14. Maiden name

Rebecca Roberts

15. Birthplace

Hockessin, Pennsylvania

16. Informant

Mrs. Thomas S. Holt

Address

Federalburg, Maryland

17.

(Burial, cremation, or removal. Which?)

Date thereof

December 26, 1945
(month) (day) (year)

Cemetery or crematory

Rosebank Cemetery

Location

Calvert, Maryland

18. Funeral director

J. F. Frampton and Son

Address

Federalburg, Maryland

19.

December 24, 1945
(Date rec'd by registrar)J. F. Frampton
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 22, 1945

at

1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 21, 1945Dec 22, 1945

and that I last saw him/her alive on

Dec 22, 1945

Immediate cause of death

Chronic myocardiopathy

DURATION

10 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please indicate the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank M. Anderson M.D.

Address

Federalburg, Md.

Date signed

12/24/45

RECEIVED

DEC 27 1945

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

12078

1. PLACE OF DEATH:

County CarolineCity or town Federalburg - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

Reliance Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Federalburg - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Reliance Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

William R. Hardy

3. (b) Social Security Number

220-12-1414

4. Sex <u>male</u>	5. Color or race <u>white</u>	6.(a) Single, married, widowed, or divorced <u>married</u>
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B.(b) Name of husband or wife Sarah Hardy7. Birth date of deceased (mo., day, yr.) March 17, 18686.(c) If alive, give age 71 years

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>8</u>	<u>22</u>hrs.min.

9. Birthplace Kent County, Delaware
(Town, county, and state)10. Usual occupation Day laborer11. Industry or business Farm12. Name No data available

13. Birthplace

14. Maiden name No data available

15. Birthplace

16. Informant Mrs. Sarah HardyAddress Federalburg, Maryland, R.F.D.17. Burial
(Burial, cremation, or removal, Which?) Date thereof December 11, 1945
(month) (day) (year)Cemetery or crematory This Crest CemeteryLocation Federalburg, Maryland18. Funeral director J. F. Frampton and SonAddress Federalburg, Maryland19. December 10 1945
(Date rec'd by registrar) F. J. Frampton
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1945, at 2 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Dec. 9 1945, to Dec. 9 1945
and that I last saw him alive on Dec. 9, 1945 1945Immediate cause of death Fibroid tuberculosis unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE Frank M. Anderson MDAddress Federalburg, Md Date signed 12/10/45

RECEIVED

DEC 17 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12080

Reg. Diat. No. 63

1. PLACE OF DEATH:

County Caroline
 City or town Bethlehem
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Rural - Bethlehem
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

William R. Hopkins
 3. (b) Social Security Number
216-14-2970

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) Feb. 12, 1891
 8. AGE: Years 54 Months 10 Days 17 If less than one day
 hrs. min.

8. Birthplace Bethlehem, Md.
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business Nursery
 12. Name Samuel R. Hopkins
 13. Birthplace Maryland
 14. Maiden name Mollie Kinnamon
 15. Birthplace Maryland
 16. Informant Philip E. Hopkins
 Address Preston, Md.

17. Burial Date thereof Jan. 1, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Jr. O. U. A. M.
Preston, Md.
 Location
 18. Funeral director W. H. Hollis & Son
 Address Preston, Md.

19. Dec. 31 19 45 C. W. Plummer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 19 45 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
December 20 19 45 to December 28 19 45
 and that I last saw him alive on December 28 19 45

Immediate cause of death Cerebral Arteriosclerosis
arterio due to Cerebral Arteriosclerosis
7 years

DURATION

6 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Adeno Carcinoma of Cecum
Cystectomy Performed Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE July B. Plummer M. D. or other
Preston Address Date signed 12/30/45

RECEIVED

JAN 4 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 151-6

CERTIFICATE OF DEATH

★ Reg. Diat. No. 12081

1. PLACE OF DEATH:

County Caroline
 City or town Choptank - Preston R. F. D.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? full life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Caroline
 City or town _____
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war none

3. (a) FULL NAME

Kelly Hubbard

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) July 16, 1865 6. (c) If alive, give age _____ years

8. AGE: Years Months Days It less than one day
80 5 12 hrs. min.

9. Birthplace Preston Md. R. F. D.
 (Town, county, and state)

10. Usual occupation House work

11. Industry or business

Poulton Hubbard

12. Name Md.

13. Birthplace Christina Blades

14. Maiden name Maryland

15. Birthplace Mrs. N. E. Lewis

16. Informant Preston Md. R. F. D.

Address Burial

17. (Burial, cremation, or removal. Which?) Date thereof Dec. 29, 1945
 (month) (day) (year)

Cemetery or crematory Choptank Cemetery

Location Choptank Md.

18. Funeral director Harvey Williamson

Address Federalburg Md.

19. Dec. 29 19 45 C. W. Plummer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 19 45 at 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2 19 45 to Dec 20 19 45 and that I last saw him alive on Dec 20 19 45

Immediate cause of death Chronic Inflammation
 Due to Chronic Inflammation

Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE J. E. Frazier M. D. or other

Address Hurlock Md. Date signed 12/29/45

RECEIVED
JAN 7 1946
BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92

CERTIFICATE OF DEATH

Reg. Dist. No. 12082

1. PLACE OF DEATH: County <u>Caroline</u> City or town <u>Greensboro Rural</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>11 years</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>md</u> County <u>Caroline</u> City or town <u>Greensboro Rural</u> (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2(a) If veteran, name war			
3. (a) FULL NAME <u>Charles E Manspecker</u>				3. (b) Social Security Number			
4. Sex <u>m</u>		5. Color or race <u>W</u>		6. (a) Single, married, widowed, or divorced <u>Widowed</u>			
6. (b) Name of husband or wife <u>Cora</u>				6. (c) If alive, give age years			
7. Birth date of deceased (mo., day, yr.) <u>May 1, 1868</u>				8. AGE: Years <u>77</u> Months Days If less than one day hrs. min.			
9. Birthplace <u>Bedford Co. Penn.</u> (Town, county, and state)				10. Usual occupation <u>Farmer</u>			
11. Industry or business <u>✓</u>				12. Name <u>Laurae Manspecker</u>			
13. Birthplace <u>Penn.</u>				14. Maiden name <u>Unknown</u>			
15. Birthplace <u>Penn.</u>				16. Informant <u>Mrs. Edward Cahall</u> Address <u>Henderson. Md.</u>			
17. (Burial, cremation, or removal, Which?) <u>Burial</u> Date thereof <u>Jan. 3, 1946</u> (month) (day) (year) Cemetery or crematory <u>Greensboro</u> Location <u>Greensboro Md.</u>				18. Funeral director <u>Raymond B. Rausen</u> Address <u>Greensboro Md.</u>			
19. (Date rec'd by registrar) <u>Jan 2, 1946</u> <u>L. M. Pappini</u> Registrar				20. DATE OF DEATH <u>Dec 31</u> 19 <u>45</u> at <u>10.10A</u> M			
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Dec 30</u> 19 <u>45</u> to <u>Dec 31</u> 19 <u>45</u>							
and that I last saw him alive on <u>Dec 31</u> 19 <u>45</u>							
Immediate cause of death <u>Cerebral Hemorrhage</u>				DURATION <u>1 day</u>			
Due to <u>Arteriosclerosis - Cerebro-Vascular Disease</u>				Due to			
Other conditions				(Include pregnancy within 8 months of death)			
Major findings of operations							
Autopsy results							
PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?							
23. SIGNATURE <u>Charles H. Houshopper, Jr.</u> <u>Greensboro Md.</u> M. D. or Ch. D. Address Date signed <u>1945</u>							

RECEIVED

RECEIVED

RECEIVED

JAN 4 1946

BUREAU V. R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12083

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Federalsburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 years
 Hospital, institution, or street address where death occurred:
Academy Avenue
 How long in hospital or institution? 7

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Bloomington Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Ollie H. Nuttle

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Edward E. Nuttle
 7. Birth date of deceased (mo., day, yr.) October 10, 1874 6.(c) If alive, give age — years
 8. AGE: Years 71 Months 1 Days 26 If less than one day — hrs. — min.

9. Birthplace Caroline County, Maryland
 (Town, county, and state)
 10. Usual occupation Housework
 11. Industry or business Home

12. Name William T. Hignutt
 13. Birthplace Caroline County, Maryland
 14. Maiden name Sallie E. Hubbard
 15. Birthplace Caroline County, Maryland

16. Informant Everett Nuttle
 Address Federalsburg, Maryland
 17. Burial Date thereof December 9, 1945
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Five Creek Cemetery
 Location Federalsburg, Maryland
 18. Funeral director J. F. Frampton and Son
 Address Federalsburg, Maryland

19. December 9, 1945 F. F. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6, 1945 at 10:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1, 1945 to Dec 6, 1945
 and that I last saw him alive on Dec 6, 1945

Immediate cause of death

DURATION

Acute Pulmonary Edema 1 hr.
Due to malignant hypertension
of chronic myocarditis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Frank M. Enders M.D.
Federalsburg Md. M. D. or other
 Address Federalsburg Md. Date signed 12/10/45

RECEIVED
DEC 17 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

24

1. PLACE OF DEATH:

County CarolineCity or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 hours

Hospital, institution, or street address where death occurred:

Harmony
How long in hospital or institution? 3

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Harmony
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Dennis James Sinclair

3. (b) Social Security Number

None

4. Sex

male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) December 3, 19458. AGE: Years Months Days If less than one day
3 hrs. min.9. Birthplace Preston, Maryland, R.F.D.
(Town, county, and state)10. Usual occupation Infant

11. Industry or business

12. Name Archie Sinclair13. Birthplace Oxford, Maryland14. Maiden name Oncida Wright15. Birthplace Hurlock, Maryland16. Informant Archie SinclairAddress Preston, Maryland, R.F.D.17. Burial Date thereof Dec. 3, 1945
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Hill Crest CemeteryLocation Federalburg, Maryland18. Funeral director J. J. Frampton and SonAddress Federalburg, Maryland19. December 3, 1945 J. J. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3, 1945 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 19 1945Immediate cause of death Prematurity- 7 month baby -Due to pneumonia in mother DURATION 2 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. C. Harrison M.D. M. D. or otherHurlock, Md. Address Date signed 12/3/45

RECORDED
DEC 17 1925
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1228)

12079

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County CarolineCity or town West Denton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State W.D. County CarolineCity or town West Denton
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2.(a) If veteran, name War

3. (a) FULL NAME

Buster Arthur Thuns

3. (b) Social Security Number

4. Sex m5. Color or race W.6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Elizabeth Thuns7. Birth date of deceased (mo., day, yr.) Jan 29th 18756. (c) If alive, give age 68 years8. AGE: Years 70 Months 11 Days 26 If less than one day hrs. min.9. Birthplace Germany
(Town, county, and state)10. Usual occupation Farmer11. Industry or business 12. Name not known13. Birthplace Germany14. Maiden name Caroline15. Birthplace Germany16. Informant Mrs. Elizabeth ThunsAddress W.D. Denton 214117. Buried Date thereof 12-28-45
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Denton CemeteryLocation Denton 214118. Funeral director J. Virgil MooreAddress Denton 214119. 12/27 19 45 W.D. Denton
(Date rec'd by registrar) (Year) (City or town)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 19 45 at 2 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 25 19 45 to Dec 25 19 45 and that I last saw him alive on Dec 25 19 45Immediate cause of death Intestinal Obstruction DURATION 48 hrs.Due to Intestinal ObstructionDue to Retention - not due to cancer 24 hrs.Other conditions Prostatitis 7

(Include pregnancy within 3 months of death)

Major findings of operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE Samson D. Tenge M. D. or other Address Denton Date signed 12/27/45

RECEIVED

JAN 7 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 120862

1. PLACE OF DEATH:

County BaltimoreCity or town Denton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?:

3. (a) FULL NAME

4. Sex

m

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Beatrice Dill

7. Birth date of deceased (mo., day, yr.)

Mar. 30th 1878

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

67717

hrs.

min.

8. Birthplace

Caroline County, Md.
(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

12. Name

Richard O. Warner

13. Birthplace

Caroline County, Md.

14. Maiden name

Rosalie Lurbeck

15. Birthplace

Maryland

16. Informant

Miss John Warner

Address

Rd. 1 Denton, Md.

17. (Burial, cremation, or removal, which?)

Buried

Date thereof

12-20-45

Cemetery or crematory

Denton Cemetery

Location

Denton, Md.

18. Funeral director

J. Virgil Moore & Son

Address

Denton, Md.

19. (Date rec'd by registrar)

12/20

19. (Date signed by registrar)

12/19/45

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Caroline

City or town

Denton
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 17 1945 at 10:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 7 1942 to Dec. 17 1945

and that I last saw him alive on

December 16 1940

Immediate cause of death

Cerebral Hemorrhage

DURATION

18 hrs.

Due to

arterio sclerosis4 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Paul Smith M.D.

M. D. or other

Address

Denton, Md.Date signed 12/19/45

RETURN TO THE NATIONAL ARCHIVES

STATE OF DEATH

DECEASED

DECEASED

RECEIVED
DEC 28 1915
BUREAU